

Trust Strategy 2020 – 2025

FINAL DRAFT

Revised Issued Date: September 2020

COVID -19 updates added in brown for ease of reference



Foreword

Earlier this year, we were preparing to launch our new five year strategy for the years 2020-25. Then we were faced with a global pandemic: for several months, tackling COVID-19 and saving as many lives as possible became our absolute priority.

In recent months, we have re-examined the strategy that we had previously written with involvement from you – our staff, patients and partners. What is striking is that, although COVID-19 will change the way we do some things and bring some of our plans forward, our key priorities for the future remain the same.

During the pandemic we treated the sickest patients with COVID-19 from all over the country, not just from Cambridgeshire. We are proud that for the majority of these patients their outcomes were outstanding and many were discharged either home or to a local hospital for ongoing care and treatment.

This strategy will guide our work through the next five years, as we recover from the pandemic and focus again on our core purpose: to bring tomorrow's treatments to today's patients. The strategy will help us build on our strengths, address our challenges and realise the potential of our new hospital and our exceptional staff.

Clinical excellence and innovation have helped us get where we are today and remain at the heart of everything we do. But how we do things is just as important, and our strategy is clear about improving our staff experience and building meaningful partnerships with organisations who share common goals.

Despite the challenges of the last few months, we feel full of energy and enthusiasm for the journey ahead. The global COVID-19 crisis has reinforced the importance of our work and made us more determined to tackle the heart and lung conditions that affect so many lives.

We are also excited about the completion and opening of the Heart and Lung Research Institute, being built right next door to our new Hospital. This facility will complete our building transformation but also enable the delivery of our plans for enhanced education and research over the next five years.

We know that the expertise, commitment and compassion displayed by our staff during the pandemic will continue to make a huge difference to patients here and across the world over the next five years

Professor John Wallwork

Chairman

Stephen Posey

Chief Executive Officer

1. Introduction

Royal Papworth Hospital NHS Foundation Trust is proud to be a leading provider of cardiothoracic care, research and education both in the UK and internationally. In 2019 we completed the implementation of a long-standing strategy to move into new facilities on the Cambridge Biomedical Campus (CBC), which now gives us an unrivalled platform and foundation to take forward the development of services, education and research for the benefit of patients.

The purpose of this strategy is to set out a direction of travel and strategic goals for the period 2020 – 2025, providing a framework for decisions and a context within which all of our activities and planning can be set. It is based upon a review during 2019 of our changing environment, the challenges facing us, and the opportunities offered by new relationships, technology and facilities.

In addition, we have taken the opportunity to review the Strategy in the light of the coronavirus (COVID-19) pandemic that began in the UK in March 2020.

2. Vision, Mission and Values

Our vision, mission and values have been part of the context within which this strategy document has been developed. They will continue to guide us as we move into the future. Our current vision and values are set out below.

Our **vision** is:

“To bring tomorrow's treatments to today's patients.”

Our **mission** is:

“To provide excellent, specialist care to patients suffering from heart and lung disease.”

Our **values** are:

- **Leading with care:** We put patient care at the heart of everything we do.
- **Instilling innovation:** We look for every opportunity to innovate and improve.
- **Feeling valued:** We ensure our staff members feel valued for the work they do.
- **Encouraging excellence:** We encourage and reward excellence in all aspects of our clinical and non-clinical services.

It is anticipated that these will be reviewed as part of the culture and leadership programme that commenced in 2019 and may be amended over the life of the strategy.

3. About us

The services we offer

Royal Papworth Hospital NHS Foundation Trust is the UK's largest specialist cardiothoracic hospital and the country's main heart and lung transplant centre. As well as being a regional centre for the diagnosis and treatment of cardiothoracic disease, we are also a national centre for a range of specialist services, including pulmonary endarterectomy (PEA) and Extra Corporeal Membrane

Oxygenation (ECMO). Royal Papworth Hospital has the largest respiratory support and sleep centre (RSSC) in the UK. Our services are also internationally recognised.

Our clinical services are structured into three clinical Divisions:

- Thoracic Medicine and Ambulatory (includes Thoracic Medicine, Ambulatory services e.g. outpatients and Day Ward)
- Cardiology (includes Cardiology and Catheter Labs)
- Surgery, Transplant and Anaesthetics (includes Surgery, Transplant, Theatres and Critical Care, Pathology and Radiology).

These are supported by a Clinical Administration department incorporating the secretarial, bookings teams, ward receptionists and patient flow co-ordinators.

We are a founder member of Cambridge University Health Partners (CUHP), a strategic partnership with Cambridge University, Cambridge and Peterborough NHS Foundation Trust, and Cambridge University Hospitals NHS Foundation Trust. CUHP aims to improve patient care, patient outcomes and population health, through innovation and integrating service delivery, research and education across this region and beyond.

In May 2019, we moved into the new Royal Papworth Hospital building on the Cambridge Biomedical Campus, opening up new opportunities for collaboration with partners on the campus as well as offering state-of-the-art facilities. The building includes:

- 240 beds (almost all in single rooms)
- 6 inpatient wards and a day ward
- A 46-bed Critical Care Area
- 5 theatres and 5 Catheter labs, and 2 hybrid theatres/Catheter labs
- An outpatient unit, diagnostic and treatment facilities.

The building also delivered significant changes to the way we work digitally and provides a robust infrastructure from which we can further develop our clinical services and efficiencies.

The coronavirus (COVID-19) pandemic that began in the UK in March 2020 has had a considerable impact on the way that we provided services during the first quarter of 2020. Our new hospital configuration allowed us to provide single room facilities to all COVID-19 patients and we developed a plan to provide regional surge capacity for critical care to double the usual number of patients that we treat in Critical Care.

We quickly developed new clear infection control guidelines for staff, processes for managing, cleaning and distributing personal protective equipment and this together with the inbuilt air management systems ensured that we were able to treat patients effectively and keep staff safe at the same time. We also mobilised to expand our ECMO service to support our sickest patients from across the country and were a point of escalation of care for COVID patients in the region and in some cases beyond the East of England.

During the pandemic we treated 130 COVID-19 inpatients, 97 of whom were admitted to Critical Care. The patients in Critical Care were often the sickest COVID-19 patients but despite this our clinical outcomes for treatment of these patients was excellent with a 22.6% mortality rate compared with a national average of 39.7% mortality rate. Our clinical teams also worked closely with other hospitals in the region and provided remote advice for the treatment of a further 55 patients in surrounding hospitals. The longer term impact of COVID-19 on patients remains

unknown but we have put measures into place to follow up all admitted patients and support their ongoing recovery and rehabilitation.

We also took the decision to suspend face to face outpatient clinics but by accelerating our plans for virtual and telephone clinics were able to continue to provide services to those that needed it. These changes are the mainstay of how we will operate in the future.

As part of our response we accelerated many of our investments in digital technology to continue to provide our services or to support new ways of working including supporting staff who switched to working from home at short notice.

Finally, during the pandemic we developed a Clinical Decision Cell (CDC) model, led by the Medical Director as the key vehicle to support our focus on delivering the best care and prioritising our resources. The CDC continues to operate and is key to shaping our direction of travel in the short term as we anticipate the need to incorporate COVID specific services and challenges alongside our existing services.

Quality

We have an absolute commitment to delivering the highest levels of clinical quality and outcomes and to providing the best possible standards of personalised care to our patients.

In June 2019 we were visited and inspected by the Care Quality Commission (CQC). We were assessed as ‘outstanding’ across all five of the CQC domains: safe, caring, effective, responsive and well-led. The detailed rating for each of our services is outlined in the table below:

Ratings for Royal Papworth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people’s care)	Outstanding ↑↑↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑↑ Oct 2019	Outstanding ↑↑ Oct 2019
Surgery	Good →← Oct 2019	Outstanding →← Oct 2019	Outstanding →← Oct 2019	Good →← Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019
Critical care	Good →← Oct 2019	Good ↓ Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019	Good →← Oct 2019
End of life care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients	Outstanding Oct 2019	Not rated	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
Diagnostic imaging	Good Oct 2019	Not rated	Good Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019	Outstanding Oct 2019
Overall*	Outstanding ↑ Oct 2019	Outstanding →← Oct 2019	Outstanding →← Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019	Outstanding ↑ Oct 2019

We were the first NHS hospital to receive this level of rating from the CQC.

A small number of areas for improvement were identified and we are working on these areas to ensure that we are delivering the best quality of care for our patients.

The Trust’s Quality Strategy 2019 -2022 sets out our key quality ambitions focussing on patient experience and engagement, patient safety and effectiveness of care aimed at ensuring consistency delivery of improved quality and performance. These aims are consistent with and underpin the strategic direction outlined in this strategy.

Our commissioners

In 2019/20 we treated 22,546 inpatient/day cases and delivered 93,203 outpatient episodes for patients from across the UK.

Our services are commissioned by several NHS Clinical Commissioning Groups for local and regional services, while our most specialist services are commissioned by NHS England (NHSE). **In 2019/20** the total income for the year was as follows.

<i>Income By Commissioner 2019/20</i>	£'000
NHS England	107,160
Cambridgeshire and Peterborough CCG	13,674
West Suffolk CCG	4,093
West Norfolk CCG	2,990
Ipswich & East Suffolk CCG	1,347
Bedfordshire CCG	2,155
East and North Hertfordshire CCG	1,313
South Lincolnshire CCG	1,393
West Essex CCG	1,349
Other CCGs	4,418
Other NHS	2,780
Private patients	6,676
Other non-NHS	426
Total patient service income	149,774

Research and Education

We have established successful roles in both research and education, locally and nationally.

In the research arena we are ranked as one of the top recruiting sites in the UK in the multicentre National Institute for Health Research portfolio of studies we support and have enrolled over 3000 patients across a balanced portfolio of 63 studies that were open to recruitment in 2018/19. Most of our research focuses on the testing of new therapies and treatments or translational research. Our Papworth Clinical Trials Unit has gained full accreditation status from the UK Clinical Research Collaboration.

The Trust benefits from multi-professional, multi-directorate delivered education and practice development. There are specific teams under the education umbrella led by senior professionals who work to ensure that we meet both local and national education and training priorities. Through collaboration with directorate leads, all professional groups are supported both pre and post registration and the Trust enjoys an excellent reputation for the standard of training it delivers. We also deliver internationally recognised specialist training.

During the coronavirus (COVID-19) pandemic the Trust participated in a number of research studies to support the ongoing treatment of COVID-19 patients, these include enrolling patients to the RECOVERY trial, GenOMICC trial, BioResource trial and Clinical Characterisation Protocol (CCP) study. Particularly pleasing is the recent news that the RECOVERY trial has shown dexamethasone to be effective in improving survival rates in certain patients with COVID-19. We are also pleased to be leading a major trial focussed on understanding the factors in COVID-19 immunity, the role of T-cells in an immune response.

Our People

We have 1900 substantive and fixed term staff members delivering and supporting our clinical services together with hundreds of temporary staffing workers and students. Having the right people, with the right skills at the right time is the foundation for the delivery of the Trust's strategy. Due to the specialist nature of our services the Trust provides we employee a large number of specialised staff and are a leading training provider.

The Trust's relocation to the Biomedical Campus has meant major organisational change affecting every single member of staff. We have experienced a long period of higher turnover than normal primarily as a result of staff making the difficult decision that the increased travel time was not possible for them. Although turnover has reduced and recruitment improved since the move there remains areas where there are challenges filling vacancies. We are now beginning the process of growing into our new estate, and laying the foundations for a long term compassionate and inclusive leadership culture to support continued clinical excellence and make Papworth an employer of choice within the NHS. **This will include implementing the national People Plan focusing in particular, on improving the work experience of staff from a Black and Minority Ethnic (BAME) background and disabled staff who report a less positive experience than white staff and staff without a disability.**

Our staff remain our greatest asset and during the coronavirus (COVID-19) pandemic all of our staff rose to the challenge of COVID, demonstrating flexibility and commitment to patient care and working in what were very stressful and demanding times. Many staff were redeployed to areas and jobs outside of their usual roles and teams and some stayed away from home to provide services to patients and shield family members at the same time.

COVID-19 has highlighted the need for us to continue to focus absolutely on the safety of our people and to understand the risks faced by all staff whilst at work, particularly our Black and Minority Ethnic background staff. Workforce place and individual risk assessments were undertaken in order to ensure the health and safety of staff. Where risks were identified for individual members of staff appropriate actions were taken to mitigate these risks either by adjusting working arrangements or in some circumstances redeploying the member of staff.

Our Finances

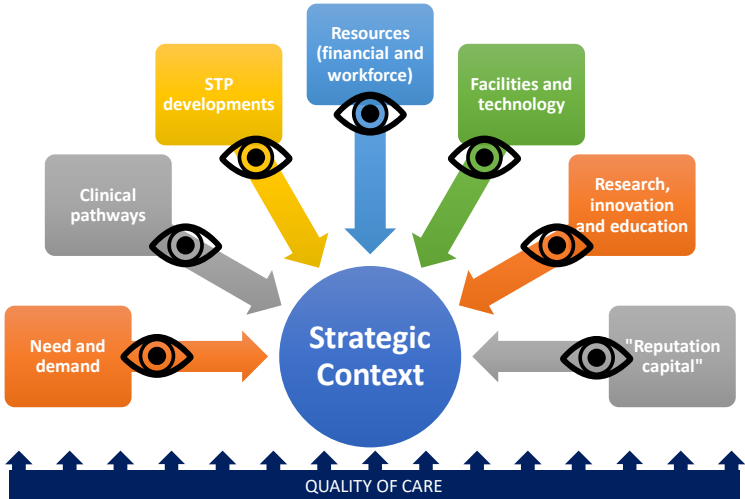
Our financial position is challenging, in common with much of the NHS, the Trust in **2019/2020 had** an underlying deficit position, however with the combination of the delivery of internal efficiencies, improved productivity and external support the **Trust achieved a surplus of £2.3m which was a £0.4m improvement on the control total agreed with NHS Improvement. This successful result, in the context of a year in which services moved into the new hospital site and the Trust had to**

respond to the emerging threat of Covid-19, is yet another reminder of the extraordinary commitment and hard work of our staff.

4. The Strategic Context

In developing our strategy for 2020 – 2025, we reviewed the strategic context within which we are working. We used a series of lenses through which to explore the environment, and identified headline messages through each. These are set out later in this section.

Figure 1: "Lenses" used to examine strategic context



Key strategic influences on the developing strategy include the NHS Long Term Plan, the Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) Long Term Plan and Local and specialised commissioning intentions. These are set out in more detail below.

The NHS Long term Plan

Published in January 2019 the plan sets out the ambitions for and the direction of the NHS over the next ten years to make the NHS fit for the future and to get the most value for patients out of every pound of taxpayers' investment. The plan set out a number of focus areas across the whole of the services. Those ambitions that impact directly on Royal Papworth Hospital or where we have a role to play are outlined in Figure 2.

Figure 2: NHS Plan Summary

<p style="text-align: center;"><i>Doing things differently</i></p> <p>Redesign and reduce pressure on emergency hospital services</p> <p>People will get more control over their own health & more personalised care when they need it</p> <p>Digitally-enabled primary and outpatient care will go mainstream across the NHS</p> <p>Local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through new Integrated Care Systems (ICSs) everywhere</p>	<p style="text-align: center;"><i>Preventing ill health and tackling health inequalities</i></p> <p>Better care for major health conditions such as cardiovascular and respiratory disease</p> <p>Funding over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list</p> <p>Earlier diagnosis of all cancers, extending lung health checks</p> <p>Introducing a new faster diagnosis standard from 2020 to ensure most patients receive a definitive diagnosis or ruling out of cancer within 28 days of referral from a GP or from screening</p>
<p style="text-align: center;"><i>Backing our workforce</i></p> <p>New national arrangements to support overseas recruitment</p> <p>Improved health and wellbeing of staff and management of sickness absence</p> <p>Flexible working and clarify expectations on induction and other mandatory training</p> <p>Enable staff to more easily move from one NHS employer to another</p> <p>Set expectations for the practical help and support staff should receive to raise concerns, or inappropriate behaviours, confidentially</p> <p>Systematic regional and local approach for identifying, assessing, developing, deploying and supporting talent</p> <p>Doing more to develop and embed cultures of compassion, inclusion, and collaboration across the NHS</p>	<p style="text-align: center;"><i>Making better use of data and digital technology</i></p> <p>Create straightforward digital access to NHS services, and help patients and their carers manage their health</p> <p>Ensure that clinicians can access and interact with patient records and care plans wherever they are</p> <p>Use decision support and artificial intelligence (AI) to help clinicians in applying best practice, eliminate unwarranted variation and support patients in managing their health and condition</p> <p>Protect patients' privacy and give them control over their medical record</p> <p>Link clinical, genomic and other data to support the development of new treatments to improve the NHS, making data captured for care available for clinical research, and publish, as open data, aggregate metrics about NHS performance and services</p> <p>Ensure NHS systems and NHS data are secure through implementation of security, monitoring systems and staff education</p> <p>Mandate and rigorously enforce technology standards (as described in The Future of Healthcare¹) to ensure data is interoperable and accessible.</p>
<p><i>Getting the most out of taxpayers' investment including:</i></p> <p>Returning to financial balance</p> <p>Achieve cash-releasing productivity growth of at least 1.1% a year</p> <p>Reducing variation using the model hospital, GIRFT and QI programmes</p> <p>Make better use of capital investment and existing assets to drive transformation</p>	

¹ "The future of healthcare: our vision for digital, data and technology in health and care, Department of Health and Social Care, 17 October 2018.

The Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP) Long Term Plan

The STP Long Term Plan was near finalisation ahead of the coronavirus COVID-19 pandemic and set out priorities, a number of challenges and opportunities for the local system together with a clinical and partnership strategy and areas for transformation.

Cambridgeshire and Peterborough STP have also reviewed the priorities and plans for the short to medium term in the knowledge that collectively we will have to manage COVID-19 for the next 12-18 months alongside a sustainable model for non-COVID19 healthcare. The overall goal of the STP is to implement a sustainable clinical and operating model for this period, allowing for future increases and decreases in case numbers, and with the primary aim of maximising the survivorship of patients and protecting staff. The core principles of this STP review and planning, which in turn shapes the Trust five year Strategy are:

- a) Maximise health benefit in the context of limited resources**
- b) Stay close to the clinical evidence base**
- c) Reduce health inequality**
- d) Focus on clinically designed whole pathway interventions**

The Financial Strategic Context Post COVID-19

The coronavirus (COVID-19) pandemic has led to a fundamental redesign of the NHS financial framework and at the time of reviewing this Strategy the future NHS financial flows are subject to some significant and unusual uncertainty.

The coronavirus (COVID-19) pandemic has also had an unprecedented impact on government borrowing. In May 2020 the public sector borrowed £55.2 billion, the highest monthly total on record (records began in January 1993) and this is anticipated to continue to rise until March 2021 where we could see public sector net debt as a percentage of GDP rise to 95.8%. To put this figure in context this level of debt has not been seen in the UK since the 1960's, when the NHS looked very different, and society's attitudes and expectations of the public sector were very different to today.

Alongside debt being at record highs there continues to be uncertainty over how the UK's GDP will be affected by the crisis, and Brexit, in the medium to long term.

For the NHS and the Trust during the course of the pandemic there has been an unprecedented lifting in the financial restrictions placed on the NHS. This has allowed organisations such as ours to respond at pace to the crisis and is widely credited as facilitating the headroom in the NHS to deal with the demand increase placed on it as a result of the novel disease.

Alongside this new funding the NHS and the Trust had to take preparatory action to create physical capacity to treat Covid-19 patients. Inevitably, given the timeframe available to prepare and the high historic utilisation of assets, this resulted in a significant curtailment of non-emergency activity during the crisis. As a result of this, and the challenges Covid-19 creates in returning to

pre-crisis levels of NHS productivity, the NHS Confederation are predicting that NHS waiting lists could be as high as ten million by the end of 2020, or one in six of the population.

As a result of all of the above factors we are anticipating that we will need to respond to significant strategic, structural and financial changes to ensure that we are able to meet the demands of our patients, commissioners and staff and continue to provide the high quality services that embody Royal Papworth.

At the time of reviewing this Strategy we are already implementing at pace an activity recovery plan, working with our STP partners to determine how best to use capacity to support the recovery of the local health economy and being guided by priorities determined by our own clinical strategies and those of NHSI and NHSE.

Specialised Commissioning Contract Intentions

The commissioning intentions for 2019/20 have been used to provide a sense of the focus of commissioners over the next five years and where these directly impact on the Trust. These are set out Figure 4 below.

Figure 4: Commissioner Intentions Summary

<i>Quality</i>	<i>Contracting Mechanism</i>
<p>The approach to quality assurance will be built upon a shift of focus to clinical outcomes and supporting service improvement and Specialised Services Quality Dashboards (SSQD) will be expanded to cover around 80% of services over the next two years.</p> <p>Developing specifications for new models of care and clinical commissioning polices, which will likely involve Provider selection to concentrate clinical expertise</p> <p>Expectation of more networks of specialist Providers and re-shaping of supply models and contracting approaches to integrate care around patients. There is a need to agree rules for the local administration of ‘routine’ treatments to ‘Specialised’ patients</p> <p>The need to ensure polices are in place for the repatriation of patients following treatment at a specialised service centre aimed at reducing preventable delays and to ensure that patient care takes place in an appropriate setting</p> <p>NHSE will work with the Trust and other centres to ensure that the Getting it Right First Time (GIRFT) reviews findings are fully implemented</p>	<p>An ambition “to develop a comprehensive set of currencies (units of healthcare for which a payment is made), including new currencies, particularly for specialised services”; specialised services include adult critical care and cardiothoracic transplantation. This may also require a review of local currencies to ensure consistent national alignment.</p> <p>Ensuring the appropriate payment approach to best support patient care.</p> <p>In ECMO services for neonates, infants and children with respiratory failure and ECMO services for adults with respiratory failure, benchmarking existing services and reviewing variation in the contracting mechanisms and tariff with a view to developing a standardised approach to support the service model.</p> <p>NHSE will continue to work with the Trust to review the current contract block values and to ensure that values are appropriate.</p>
<p style="text-align: center;">Service Developments</p> <p>NHSE will implement Provider selection exercises for adult primary ciliary dyskinesia services</p> <p>Working with the Specialised Respiratory Clinical Reference Group and other partners to scope the chronic pulmonary aspergillosis service to address the geographic equity of access to this service</p> <p>Any changes to how specialised services are organised and delivered between Royal Papworth Hospital and Cambridge University Hospitals NHS Foundation NHS Trust will need prior agreement by NHS England. The current expectations are that respiratory services will be managed by both Providers as part of an integrated service; and Cardiology will be provided as an integrated service by Royal Papworth Hospital</p>	

Key messages emerging

Our review of the strategic context has highlighted the following factors through each of these “lenses”.

Need and demand

The key points highlighted were:

- Demographic drivers are well-known – aging population, frailty, rising demand
- Cardiovascular and respiratory are both identified as priority disease areas for attention in the NHS Plan; as is swift assessment in emergency pathways
- The priority focus is firmly on prevention, primary care, early intervention and rehabilitation.

Evolving Clinical Pathways

The key points highlighted were:

- Clinical practice is developing swiftly within DGH’s and in primary and community care, and commissioners and clinicians will wish to see new developments flowing “downstream”
- RPH has a proud history and tradition of being at the forefront of clinical developments on a national level, and we have national influence
- There are opportunities for RPH to become the acknowledged leader in clinical pathway development for cardiovascular care
- The new hospital and new technologies can be harnessed to support this.

STP developments

The key points highlighted were:

- The shift towards system-based working continues, and STP / ICS processes will be prime.
- RPH is well placed locally, having become a respected lead player in a well-developed STP
- There is a greater challenge in establishing relationships with partners in other STP areas
- Primary and community care will merge; locally through Integrated Neighbourhoods
- Boundaries between commissioning of specialised and local services will become blurred
- The drive towards commissioning for pathways of care will continue.

Resources (financial and workforce)

The key points highlighted were:

- Financial challenge continues, despite recent national financial settlement
- New national funding regimes will emphasise outcomes, efficient practice and system working
- Local STP diagnostic suggests most “easy” efficiency gains have been taken; further improvement will require new thinking and joint working
- Workforce pressures are emerging, despite RPH’s relatively strong position
- RPH has particular challenges and particular opportunities as a small specialist Trust. The Trust has demonstrated capacity to improve its financial position but needs to go further.

Facilities and technology

The key points highlighted were:

- Move to the new hospital on the Cambridge Biomedical Campus offers huge benefits, both known and potential, to every aspect of the Trust's work
- There are also major challenges – for operations, management and relationships
- The new hospital offers additional capacity; but not unlimited
- The Trust's digital platform can and should complement the move and underpin further developments
- Keeping our digital systems safe from cyber-attacks is a key focus moving forward.

Research, innovation and education

The key points highlighted were:

- The Trust is a fundamental part of the research network within Cambridge. The move to the CBC is an opportunity to unlock even greater potential
- The profile and status of the Trust in research, innovation and education is a major asset in recruiting and retaining highly skilled staff
- The Cardiothoracic Research Strategy is in development – key questions about the focus and priority for research work have been raised
- There are wide opportunities to further build the Trust's role in research, education and training; these need to be focused and nurtured to make most impact
- The move to CBC will facilitate partnerships with industry that can strengthen the Trust's role in clinical trials / developments
- The Trust's status as digital exemplar should enable further innovation and development.

Reputation capital

The key points highlighted were:

- The Trust has a national and international profile which adds value to the organisation.
- Significant activity and surplus comes from international referrals and presents opportunities to expand international activity if desired
- The Trust is also seen as a collaborative partner and valued asset within the local and regional health system
- Some comments are made that RPH talks much about the past, but little about the future.

Conclusions from strategic context

Considering the lenses above "in the round" demonstrated a number of common themes, including:

- The need to articulate clearly the role that the Trust can and should play in local, regional and national networks and pathways, and to agree this with network partners
- The need to engage with, understand and contribute to the development of services throughout the cardiothoracic pathways; finding ways to support and work in partnership with others
- The need to achieve optimum balance and maximum synergy between clinical, research and education activities within the Trust

- The need to maintain and enhance the Trust’s reputation, both clinically and as players in the evolving systems.

Throughout all is a need to make real choices on priorities, focus and use of all the Trust’s assets (physical and otherwise). This refreshed strategy aims to provide clarity and direction to enable such choices to be made on an ongoing basis as the Trust and its services move forward to 2025.

5. Strategy Development

We commenced developing this strategy for 2020 – 2025 during 2019 ahead of our move to the Biomedical Campus.

The foundations for refreshing the strategy were laid in November 2018 and January 2019, when each clinical Directorate was invited to present its “Clinical Vision” for the future. These began the dialogue within the organisation about the opportunities and ambitions within each clinical area.

In January 2019 the Board approved a high level roadmap for reviewing and refreshing the Trust strategy during 2019. This roadmap was based on the use of milestone workshops, involving the Trust Board and clinical and non-clinical leaders from across the organisation. Each workshop has built on the outputs of the last.

The roadmap broadly adopted Monitor’s seven-stage framework for strategy development adapted to fit the circumstances of RPH, and was structured around four key workshop events to engage clinical and non-clinical leaders across the organisation alongside Board directors. It was recognised that the process would be taking place at the same time as the move of RPH services from Papworth Everard to the new Biomedical Campus site. A balance would be needed between the desire to engage Trust leaders actively in strategy development, and manage competing pressures at this time of major operational change.

The roadmap and timeframes are set out below:

Phase	Content and focus	Time
1: Framing	To reach shared clarity on what the strategy needs to address, how it needs to be developed, and how decisions will be made.	Jan - Mar
	<p><u>Workshop 1:</u></p> <p>Purpose: to establish understanding, consensus and ownership of the strategy process and its focus.</p> <p>Input: a paper and presentations outlining the strategic context within which RPH is working, viewed through a range of lenses.</p> <p>Output: agreed list of “the Big Questions” that the strategy will need to address.</p>	7 th Mar 19
2: Diagnosis	Establish dedicated Workstreams to examine each of the “Big Questions”, gathering information to enable informed debate and resolution.	Mar - Jun
	<p><u>Workshop 2:</u></p> <p>Purpose: to reach consensus on the conclusions on the Big Questions; and to agree a chosen “direction of travel” for the Trust that will guide specific strategies.</p> <p>Input: presentations from each Workstream.</p> <p>Output: a statement characterising the “Direction of Travel” for the Trust <i>(NB at this stage the direction of travel will not yet be precisely defined as specific Goals, but should be a clear articulation of the choice</i></p>	6 th Jun 19

	<i>of direction that has been made).</i>	
3: Priorities	Detailed work within Clinical Directorates and corporate functions to identify what the chosen Direction of Travel will mean for them; what the priority developments should be over the strategic period.	Jun – Sep
	<p><u>Workshop 3:</u></p> <p>Purpose: to test and challenge the emerging priorities from Clinical Directorates, to confirm that they are in line with the Direction of Travel, and to agree a set of formal Strategic Goals for the organisation in light of detailed directorate discussions.</p> <p>Input: presentations from Clinical Directorates and corporate functions.</p> <p>Output: agreed Strategic Goals for the organisation.</p>	5 th Sep 19
4: Deliver	<p>Work across the organisation to develop the strategic actions that will deliver the Goals, and agree success measures.</p> <p>Development of aligned supporting strategies in:</p> <ul style="list-style-type: none"> • Each clinical directorate • Corporate areas (either renewing, or refreshing existing) 	Sep - Dec
	<p><u>Workshop 4:</u></p> <p>Purpose: to receive, review, discuss and refine the draft strategy for 2020 – 25.</p> <p>Input: draft strategy document, including strategic goals, actions, measures, and risks.</p> <p>Output: A purposeful strategy that commands support, ownership and understanding of leaders across the organisation.</p>	5 th Dec 19

The workshop process has enabled a high level of engagement with clinical and non-clinical leaders. There have also been regular communication briefs with the wider organisation, particularly after each Milestone workshop. The outputs have been widely shared and comments / views invited.

The Forward Planning Group of the Trust Council of Governors has received a formal update on strategy development after each milestone workshop, and the full Council has also received regular updates.

Formal updates have also been provided to the Trust Patient and Public Involvement (PPI) Group.

We have engaged with partners across our STP, education and research networks throughout the process, using questionnaires, informal networks and liaison with STP leads. Although there has been a limited response, feedback has been generally positive and all comments received have been fed into the discussions taking place. We intend to continue engaging with local stakeholders specifically DGH colleagues as we implement this strategy.

6. Strategic Direction of Travel

We believe that the strategic context within which we are working raises five key questions for us strategically.

1. What part can and should we play in the overall clinical pathways; and how can we do it?
2. How do we ensure that service, education and research are (a) balanced; (b) embedded; (c) synergised?
3. If “we can’t be world leaders in everything”, then what areas should we focus our attention on?
4. How can we (and should we) exploit our brand and reputation nationally and internationally?
5. How do we get most benefit from our new facilities, campus and digital capability?

We explored each of these questions at length, drawing on insights and expertise within the organisation and inviting comment from our external stakeholders. As a result, we agreed a strategic direction of travel for the Trust. This articulates the way in which we want to take our services, develop as an organisation, and grow as a valuable and valued contributor to the systems in which we work. Our intended direction of travel is characterised as follows.

- **Collaboration**
A commitment to a “collaborative” rather than a “competitive” mindset; Royal Papworth will seek to play a role in all systems that is both valuable and valued by our partners, and in particular will seek to be a respected collaborator and partner on the Campus.
- **Innovation and Excellence**
A commitment to innovation and excellence, seeking to be at the forefront and leading development in our areas of expertise, and ensuring that all areas of our service live up to the reputation set by the best.
- **Adding value through our expertise**
A focus on those areas where we have particular strength and expertise; and recognising that will add value not just by what we directly provide within Royal Papworth Hospital, but also by outreaching with advice, support and leadership to the wider network and patient pathway.
- **Holistic pathways**
A recognition that we will think differently about how we provide services, around diagnoses and specialisms rather than around procedures, and viewing patients from a holistic pathway perspective rather than mode of treatment upon referral.
- **Strategic Research and Education**
A shift towards a more strategic and disciplined approach to prioritising research and education activities, based on clear criteria and governance, including the establishment of an innovation fund and recognising the importance of our educational role for the system.
- **Income: International and Industry**
A more structured approach to attracting income through international and private income and partnerships with industry.

As we have re-examined the strategy after the peak of the coronavirus (COVID-19) pandemic it has become clear that these six directions of travel remain relevant and also shaped our response to the demands and challenges that we and the health system faced in the following ways:

- The Clinical Decision Cell worked in close collaboration with local, regional and national providers to care for the sickest patients. An approach which was valued both externally and internally;
- We established a system wide on site testing centre for staff, at the front of the hospital;
- We used current thinking and research to support the treatment of patients, learning from those clinicians in countries that were affected earlier than the UK and shared this within our health networks;
- We accelerated a number of initiatives earlier than we planned to over the next five years including:
 - Introduction of a Cardiac Multidisciplinary Team review for all cardiac patients regardless of their referral point to the Trust. This MDT combines surgeons and cardiologist reviews to agree the best treatment options for patients, based on clinical need, frailty etc (*Clinical Excellence*);
 - Earlier commencement of a Mitra clip service in a pilot form, a less invasive treatment for Mitral replacement patients avoiding the need surgery. This procedure has better outcomes for frail patients and those with other health conditions (*Clinical Excellence*); and
 - Introduction of remote monitoring of patients eliminating the need to attend the hospital (*Clinical Excellence*).

The coronavirus (COVID-19) pandemic also demonstrated that we should continue to focus on the specialist nature of our services and what we do. Over the next five years we need to build on these and also work with partners to support some of our services being provided within the community and closer to patients' homes. This will also help meet the challenges set by the STP (see below) of reducing health inequalities, by increasing the accessibility of our services.

We feel that we have a strong contribution to make in addressing cardio thoracic health inequalities using our data on referral patterns, timings of referrals in treatment pathways and geographical areas from where referrals are low. This will allow us to target localities to increase the reach and accessibility of our services and ultimately improve patient outcomes and reduce inequalities.

Finally, our experience of the coronavirus (COVID-19) pandemic has demonstrated that we need to be adaptive, flexible and responsive; able to react to change both COVID and non COVID related. We will inevitably need to review and re-prioritise what we do over the next five years and core to any changes will be our six strategic directions of travel.

7. Strategic Goals

In light of the strategic context, the key questions facing us, and the direction in which we want to travel, we have defined six strategic goals that will underpin our work over the period from 2020 to 2025.

Figure 5: Strategic Goals 2020 – 2025



For each goal, we have articulated *why* it is important. This is important to help maintain focus on its aim and purpose as the strategy progresses. We have also identified specific key actions that will be taken to deliver it. Finally, we have set out a number of success measures that we will use to monitor our progress over the strategic period.

DELIVER CLINICAL EXCELLENCE	
<p>We will build on our world-leading outcomes, investing effort and resources in developing and implementing innovative services and models of care, growing expertise and extending the frontiers of clinical practice.</p>	
<p>Why is this goal relevant / important?</p> <ul style="list-style-type: none"> • We must maintain our world leading outcomes for the benefit of our patients and our future patients. • We play a unique role in local, regional and national systems as being a focus for and repository of highly specialist skills and expertise that cannot be found in general hospitals. We must continue to nurture and cultivate this for the benefit of all patients. • We have particular strengths in delivering two priority areas in the NHS Long Term Plan (cardiovascular and respiratory disease). • The concentration of skills and knowledge at RPH in its areas of particular expertise must be unlocked / enabled to add maximum value to patients; and we must build its resilience with active succession planning and a view to the future. • We recognise that there is a need for focus in this work; we will focus on areas where we have demonstrable comparative advantage in terms of skills and specialist expertise. • We are in a position to extend the scope and range of what we offer so that patients from our region no longer need to travel to London for specialist interventions. • Our national and international reputation for excellence and innovation has the potential to deliver additional income through private income which can then be used for service delivery and developments. 	
What will we do?	How will we measure success?
<p>Building on our 2019 CQC ‘Outstanding’ rating we will seek to move all remaining domains in all services from ‘Good’ to ‘Outstanding’.</p> <p>Deliver the improvements set out by GIRFT reviews.</p> <p>Continue to improve our morbidity and outcome measures.</p> <p>Implement a way of working that encourages a constant cycle of improvement and learning whilst achieving core performance standards.</p> <p>Develop a frailty service to ensure that all interventions are tailored to the needs of all patients.</p> <p>Develop new services that embrace new procedures, are less invasive and are more accessible to patients with co-morbidities e.g. TAVI procedures.</p> <p>Develop and implement a national organ</p>	<p>All CQC services domains rated as ‘Outstanding’ at the time of next inspection.</p> <p>All leaders are trained in quality and service improvement methodology.</p> <p>Integrated cardiology services with partners within and outside of the STP that reflects the recommendations of the national Cardiology GIRFT report due 2020.</p> <p>Lung Cancer support initiatives are in place.</p> <p>Improvement in Lung cancer patient outcomes.</p> <p>Remain in the upper decile in the patients’ cancer survey.</p> <p>Successful process and outcomes measures reported via annual national audit for Balloon Pulmonary Angioplasty (BPA) services.</p> <p>Increase in number of avoidable admissions to local hospitals and Royal Papworth through earlier recognition and treatment in particular</p>

<p>retrieval service for DCD (donation after cardiac death) hearts (adults and paediatric) in conjunction with NHSBT.</p> <p>Deliver an integrated cardiology model in line with GIRFT recommendations.</p> <p>Ensure our practice and pathways meet all of the requirements of the NICE Optimal Lung Cancer Pathway by 2021.</p> <p>Strengthen the national Balloon Pulmonary Angioplasty service by 2021.</p> <p>Enhance further new ways of working to bring specialist care closer to patients’ homes e.g. Cystic Fibrosis home monitoring and CPAP home service both supported by telephone and virtual appointments.</p> <p>Continue to increase the use of online appointments to deliver outpatient services maximizing efficiency but not compromising quality.</p> <p>Continue to develop initiatives to ensure that we provide the most appropriate anesthetic techniques for our patient cohorts in critical care and theatres.</p> <p>Further expand the specialist Rapid pathways beyond Rapid NSTEMI.</p> <p>Utilise radiology guided techniques in thoracic cancer surgery.</p>	<p>for Cystic Fibrosis and CPAP patients.</p> <p>Rapid access pathways introduced e.g. Rapid pacing pathway (2021), Rapid TAVI pathway (2022) and Rapid testing pathway (2023).</p> <p>Geography of the Rapid NSTEMI pathway extended to other local areas e.g. Norfolk.</p> <p>Improvements surgical site infection rates.</p> <p>National Organ Retrieval service in place in 2020.</p> <p>New pathways are implemented and patient total treatment time is shortened with improved outcomes.</p> <p>Continue to be the best in Morbidity outcomes nationally and in the upper decile of providers.</p> <p>Leading provider of National Organ retrieval programme for DCD hearts.</p> <p>Be the highest ranked delivery centre for Cardiac Surgery and Transplant with the best outcomes both in UK and also internationally.</p>
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What Does “Clinical Excellence” Mean For You?
<p style="text-align: center;">Patients</p> <p style="text-align: center;">Your treatment will be at the cutting edge of clinical practice Improved experience being seen by the right health professional at the right time during the course of your treatment</p>
<p style="text-align: center;">Staff</p> <p style="text-align: center;">You will be working as part of a world class team</p>
<p style="text-align: center;">Partners</p> <p style="text-align: center;">We will share our expertise for the benefits of all of our patients</p>

GROW PATHWAYS WITH PARTNERS	
<p>We will seek to develop services with partners and patients in local, regional, national and international networks so that our specialist expertise is available more readily and appropriately in the patient pathway.</p>	
<p>Why is this goal relevant / important?</p> <ul style="list-style-type: none"> • We can support/treat patients further not only by what we directly provide in the hospital and across the campus, but by outreaching with advice and early intervention to the wider network and pathways. • We are committed to collaborative working, and seek to play a role which is both valuable and valued in all the systems where we work, particularly with STP partners contributing to the development of integrated care systems in line with the NHS Plan. • We have expertise in pathway design which, when harnessed with our specialist clinical expertise, has the potential to transform care and increase both the effectiveness and the affordability of pathways. We have demonstrated our ability to reshape pathways across our networks; there is potential for us to do much more of this. • There is established demand for us to extend our reach and offer input in a wider range of settings and we recognise that “hospital is not always the best environment” for all of our care. • Working with Campus partners can unlock benefits for all partners and patients across a range of areas e.g. travel, research, education and other initiatives and work together to deliver the planned development of the Campus. • We have valuable skills and expertise that could be of greater benefit to industry and international partners. • We can maximise our impact locally, nationally and internationally by developing a clear framework for our partnerships and collaborations. • Our digital exemplar status, and developing integrated Health Care Record, will enable us to open up access to our expertise in ways which is sustainable and affordable. • Work with our patients to be ‘partners’ in their health and care. 	
What will we do?	How will we measure success?
<p>Working with CUHFT deliver new respiratory pathways of care and reducing duplication in our services.</p> <p>Building on the success of our ECMO service, develop a national transfer service for critical care patients by 2025.</p> <p>Share our expertise with local and national colleagues in a more structured way by providing specialist advice, assessment and guidance.</p> <p>Implement new ways of working for CPAP (Continuous Positive Airways Pressure) services within the STP using our expertise to bring care</p>	<p>Develop a cohesive Cambridge Respiratory Service with CUHFT by end of 2021.</p> <p>Maintain excellent CPAP outcomes while providing care more locally. Annual CPA audit and high scores in patient satisfaction surveys.</p> <p>Support to CUHFT Trauma Centre in place by end 2020, together with joint thoracic MDT.</p> <p>Work with STP partners to develop a stroke thrombectomy service for the CBC.</p> <p>Pathways established in e.g. pacing follow up service, valve surveillance service, symptom surveillance service and complex pacing devices</p>

<p>closer to GPs and the community.</p> <p>Develop joint pathways for highly specialist interventions with partners for thoracic surgery.</p> <p>Working with local secondary care providers and clinical networks develop/devolve services as best fits the patient and their local provider.</p> <p>Develop stronger links with research and industry to nurture new technology to co-create pathways.</p> <p>Maintain high levels of representation on national and international platforms to shape the development of cardiothoracic services in the future.</p> <p>Develop and test novel approaches to excellent care with commercial partners using new technologies.</p> <p>Working with Clinical Reference Groups, Royal Colleges and other national and international bodies using our expertise to influence the shape and development of future cardiothoracic services.</p> <p>Develop joint pathways with CUHFT that utilises capacity across both sites.</p> <p>Establish Regional Reference Centre for cardiothoracic imaging and share expertise regionally and nationally.</p> <p>Closer integration with secondary and community heart failure services across the Eastern Region so patients requiring specialist care are seen at Royal Papworth and where more appropriate seen locally.</p>	<p>by 2022.</p> <p>Protocols established that support early diagnosis e.g. virtual follow up and new technologies across all services.</p> <p>Pathways in place with CUHFT for thoracic surgery, trauma, cancer patients and multi-organ transplantation.</p> <p>Continue to be an influencing organisation nationally and internationally.</p> <p>Number of outpatients appointments that can be seen locally increase to 20% of those seen at Royal Papworth.</p> <p>Increase in the number of health partners that we develop joint pathways with.</p>
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<p>What Does “Grow Pathways with Partners” Mean For You?</p>
<p style="text-align: center;">Patients</p> <p>As much as possible your treatment will be more local to home and we will only ask you to come to the hospital when you need to</p> <p style="text-align: center;">You may receive specialist interventions from our teams outside of the hospital e.g., in neighbouring hospitals or in your home</p> <p style="text-align: center;">You are seen by the right clinician that best suits your clinical need</p>
<p style="text-align: center;">Staff</p> <p>Ability to be part of developing new ideas, technologies and new procedures that not only</p>

improve learning and skills but benefit patients at the same time
<p style="text-align: center;"><i>Partners</i></p> <p>We are keen to work closely with clinical teams outside of the hospital to provide better care for our cardiothoracic population</p>

OFFER POSITIVE STAFF EXPERIENCE	
<p>We will seek to offer the best staff experience in the NHS, enabling staff to fulfil their potential by providing a working environment where they can feel valued for what they bring to the Trust, achieve a work life balance, and feel engaged in their work</p>	
<p>Why is this goal relevant / important?</p> <ul style="list-style-type: none"> • Excellent and innovative patient care and outcomes can only be delivered by highly skilled, committed and caring staff • Talent management, and developing and retaining our own talent, is essential to meet future skills requirements and providing rewarding careers for our staff • We have an opportunity to be at the forefront of developing innovative roles and ways of working through co-operation with system and education providers, and with our partners on the campus • Our position as a national and world centre for excellent and innovative cardiothoracic care can be a priceless asset in attracting the very best people; but it will only be effective if there is a foundation of good practice, strong culture and excellent support in place • By sharing and collaborating with campus partners we can develop an increasingly attractive package for staff and enhance the experience of working here • A strong, embedded culture of collective and compassionate leadership is the only way to develop and retain staff to deliver our world leading clinical services and outcomes • A diverse and inclusive workforce means we better reflect our local and patient population and that we are accessing the widest pool of talent. 	
What will we do?	How will we measure success?
<p>Develop and implement a new People Strategy in 2020 that aligns to the new NHS People Plan.</p> <p>Exposing and addressing existing and deep rooted inequality within the workforce. By having Equality, Diversity and Inclusivity at the heart of our People Strategy we will ensure that we have access to the widest talent pool and build strong staff engagement.</p> <p>Demonstrate compassionate and inclusive leadership that drives an open and inclusive working environment, where <u>all</u> staff (including PFI partner staff) can enjoy innovative and rewarding careers, where their voice counts and where they feel they have permission to act and fulfil their potential.</p> <p>Making the most of available resources by maximising the opportunities to work flexibly and remotely and exploiting technologies that enable new and efficient ways of working.</p>	<p>Our Vacancy rate will be at 8 % or below.</p> <p>Maintain our overall sickness absence rates at 3 % or below.</p> <p>Complete the culture and leadership programme.</p> <p>The Trust values are widely known across the Trust.</p> <p>A behaviour framework that supports the embedding of the Trust values is implemented and widely known and used across the Trust.</p> <p>Registered and unregistered nursing vacancy rates are at 5% or 10% or below respectively.</p> <p>We will improve our staff engagement score as measured in the national staff survey to the top quartile for our peer group.</p> <p>We will improve our Friends and Family Responses in both categories to the top quartile for our peer</p>

<p>Develop and deliver a programme aimed at supporting the overall wellbeing, both physical and mental, of our staff, ensuring staff are safe and healthy and investing in their physical and mental health.</p> <p>Train and support and empower line managers to deliver the challenges of this strategy.</p> <p>Continue our focus on recruitment and retention, building on recent successes and the momentum of the renewed interest in NHS careers.</p> <p>Working with STP partners promote the NHS as the place to have a fulfilling and rewarding career and to develop new employment routes into healthcare professions.</p> <p>Ensure robust workforce supply by effectively marketing the Trust as the employer of choice and by working with STP partners to utilise educational and recruitment supply routes to meet projected demand.</p> <p>Establish clear career and development pathways supported by a talent management system for all roles that allow staff to progress within the Trust if they wish to do so.</p> <p>Through the Royal Papworth School create a focus for all training and education activities that supports the development of all staff and enables the Trust to “grow its own” staff.</p> <p>Ensure that all staff have regular performance reviews that supports them in being effective in their jobs by providing feedback and setting objectives and in developing their careers.</p> <p>Looking to the future through accurate and detailed workforce planning that aligns to medium and long term organisational plans, effective succession planning and talent management. Key to this is to provide accurate and timely workforce information to support decision making.</p>	<p>group.</p> <p>The number of staff from BAME backgrounds in Bands 6, 7, 8a and above increase to meet the aspirational goals set by NHSI/E.</p> <p>We will reduce the % of staff reporting experiencing bullying to the top quartile for our peer group.</p> <p>Accessible and accurate real time workforce information to inform organisational decision making.</p> <p>We will improve our WRES and WDES key metrics.</p> <p>Increase the number and breadth of apprenticeships recruited to.</p> <p>Development of new routes in to healthcare e.g. healthcare scientist roles and extend the cardiac physiology hybrid roles.</p> <p>Increase in number of joint appointments and rotations with partner organisations.</p> <p>Reduce monthly average agency spend to 2019/20 capped levels by M12 2020/21.</p> <p>Overtime to have reduced by 50% by M12 2020/21 compared to M1 2019/20.</p> <p>Reduce turnover to 10% per annum by 2021.</p> <p>90% or more of staff having an annual performance review meeting.</p> <p>90% or more of staff being compliant with mandatory training requirements.</p> <p>Improve our Speaking Up Index score to the top quartile for our peer group.</p>
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What Does “Positive Staff Experience” Mean For You?
<p style="text-align: center;"><i>Patients</i></p> <p style="text-align: center;">Engaged and valued staff provide better care to our patients</p>
<p style="text-align: center;"><i>Staff</i></p> <p style="text-align: center;">Your contribution to the organisations and patients is valued</p> <p style="text-align: center;">You feel confident and safe to speak up when you have a concern in the knowledge that you will be taken seriously and your concerns addressed.</p> <p style="text-align: center;">You work in an environment where diversity is valued, equality of opportunity and an inclusive culture.</p> <p style="text-align: center;">You have access to development opportunities that support you in developing your career.</p> <p style="text-align: center;">Your feel cared for and your wellbeing considered and supported.</p>
<p style="text-align: center;"><i>Partners</i></p> <p style="text-align: center;">Working together means that we can tackle workforce issues for the benefit of all partners</p>

SHARE AND EDUCATE	
We will establish a Royal Papworth School, enabling us to grow and develop not only our own staff but also share our expertise and learning for the benefit of national and international networks as well as our local stakeholders	
<p>Why is this goal relevant / important?</p> <ul style="list-style-type: none"> • We believe that a key element of our purpose is to build expertise and share it widely across systems, in this country and internationally, for the benefit of patients everywhere. • An education function is a key element in achieving this. • Our current education activity is dispersed across the organisation and lacks focus and cohesion. • The development of the Heart and Lung Research & Education Institute (HLRI) on the Campus represents an opportunity to create an educational facility which is fit for purpose. • There is substantial unmet need and demand for post-graduate education in our specialist areas. • The School will enable us to grow and develop our own staff, supporting career and personal development and retention. • There is the potential for education to contribute substantial financial benefit to the organisation, which can then be used for educational service delivery. • We can provide an alternative to university education, recognising that combining work with learning is an attractive method of study. 	
What will we do?	How will we measure success?
<p>Develop business case for Royal Papworth School launching in 2020 demonstrating proof of concept.</p> <p>Provide multidisciplinary focused educational provision under the School umbrella.</p> <p>Establish the School within the HLRI when it opens in early 2022.</p> <p>Develop academic partnership with a University by 2021.</p> <p>Develop formal academic links with professional bodies e.g. Royal Colleges.</p> <p>Establish accredited post graduate training under the umbrella of the RPH School and extend this to include all disciplines by 2021.</p> <p>Extend the current alumni scheme to encompass all areas of training and teaching provision.</p> <p>Develop training offering that supports the</p>	<p>The Royal Papworth School is established and operating in a virtual form in 2021 and then operating from within the HLRI in 2022.</p> <p>Papworth alumni established and operational by 2020.</p> <p>Achieve academic accreditation through an affiliation with Higher Education Institution.</p> <p>University partnership in place by 2021.</p> <p>The Royal Papworth School is self-sustaining by Year 2 of its operation and is reinvesting in the learning and development of our staff.</p> <p>Sharing of educational best practice to enhance all areas of education provision.</p> <p>Increase in the % of staff who have higher degrees.</p> <p>Training programmes established, enabling staff progression and upskilling in hard to recruit areas E.g. Development of a Cardiac</p>

<p>need to “grow our own “and then offer this to the wider system and partners.</p> <p>In light of COVID-19 increase the utilisation of virtual learning and use of e learning platforms and focus face to face training where this is educationally appropriate.</p> <p>Continue to provide nationally and internationally recognised specialist courses e.g. ECMO, CALs.</p> <p>Using the talent pool in the organisation to enhance staff retention.</p> <p>Pursue award of Royal Crest building on the Trust Royal status and reputation and assign this to the School.</p>	<p>physiology training hub for the region.</p> <p>Incorporation of virtual learning in the current and future education portfolio.</p> <p>Lack of CPD will not be a reason for staff leaving the Trust (outlined in staff exit interviews).</p> <p>Achieve Royal Crest in 2020.</p> <p>Increase in the number of external and international learners as a result of the development of The School.</p> <p>Increase in learner satisfaction.</p>
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<p align="center">What Does “Share and Educate” Mean For You?</p>
<p align="center"><i>Patients</i></p> <p align="center">Be confident that our staff are highly skilled in the latest practices That you will receive evidence based outstanding care</p>
<p align="center"><i>Staff</i></p> <p align="center">You are able to access local opportunities for personal, career and academic development Be able to demonstrate your knowledge, skills and expertise Pride in being associated with a national centre for cardiothoracic skills development</p>
<p align="center"><i>Partners</i></p> <p align="center">We will share our expertise and knowledge to spread the benefits to local and national and international healthcare organisations and patients</p>

RESEARCH AND INNOVATE	
We will continue to develop the Trust as a centre for research and development, fully nurturing our expertise and creativity in a structured way for the benefit of patients	
<p>Why is this goal relevant / important?</p> <ul style="list-style-type: none"> • Heart and lung disease represent a major cause of death and illness for people in the UK. In 2017, 41.6% of all UK deaths were from heart and lung disease. • We believe that a key element of our purpose is to push back the frontiers of knowledge and clinical practice and translate research into delivering better patient outcomes. • We have a strong track record in research and development and the potential to expand this further. • We recognise that we should have a greater role in developing new innovations to improve the prevention, early diagnosis and treatment of heart and lung disease. • Our location provides opportunity to access research network on Campus and in Cambridge Cluster. Our ability to release the benefits of working with industry through research and innovation is currently under-exploited. • Our current research activity is limited in breadth and scope and could be more structured, transparent and formally supported. • We recognise that our research activity is an attraction when recruiting staff and supports staff development. • Fostering research and innovation, generates space for creativity and supports our world leading patient outcomes. • We do not always benefit from our ideas and input to commercial research. 	
What will we do?	How will we measure success?
<p>Develop a Trust Cardiorespiratory Research Strategy in 2020 and ensure that this is incorporated into the wider Cambridge Cardiorespiratory Strategy.</p> <p>Maximise the utilisation of the HLRI for research and development opportunities.</p> <p>Foster a research environment that encourages all staff groups to participate in and lead research activities.</p> <p>Include involvement in research and development activities in all staff job descriptions by 2021.</p> <p>Introduce Innovation Fund to pump prime new ideas and support development of research projects.</p> <p>Foster and expand the Research Fellowship Programme to include all other staff e.g. AHP's,</p>	<p>Trust strategy developed and implemented in 2020.</p> <p>Trust strategy fully complementary with Cambridge Cardiorespiratory Research Strategy.</p> <p>HLRI facilities are fully utilised to support increase in research activity.</p> <p>Increase in number of innovations affiliated with Royal Papworth.</p> <p>10% of Research Fellowships will be non-medical posts.</p> <p>Promote the development of at least one idea or invention into a commercial product.</p> <p>Increase in number of publications and citations affiliated to all Royal Papworth staff groups by 50%.</p>

<p>nursing staff.</p> <p>Strengthen support for innovators in the commercialisation of ideas and inventions.</p> <p>Work with universities to set up a process to allow clinical researchers to secure university affiliations to be able to access grant funding in their own right.</p> <p>Develop closer link between research and education/cross fertilise e.g. Grand rounds.</p>	<p>Increase in both grant and commercial funding of research projects by all Royal Papworth staff groups by 50%.</p> <p>Research and development is seen as integral to our day to day working.</p>
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<p><i>What Does “Research and Innovate” Mean For You?</i></p>
<p><i>Patients</i></p> <p>Have early access to new treatments developed by our staff specifically suited to your needs</p>
<p><i>Staff</i></p> <p>Feel more supported in development of ideas, innovations and research</p> <p>Your research an innovation work is valued</p> <p>Access to research activities for more staff</p>
<p><i>Partners</i></p> <p>We are an organisation that values and actively supports research and development</p>

ACHIEVE SUSTAINABILITY	
We will establish a sustainable operational and financial position to ensure that we are making the most of Royal Papworth and applying all our resources in the most effective and efficient manner	
Why is this goal relevant / important? <ul style="list-style-type: none"> • Patients need to know and trust that our services are sustainable; both in terms of finance and workforce, and that they can rely upon them into the future. • There are recognised areas where patient experience falls short in “basic” ways (waiting times, logistics, communications). We must ensure that all our services live up to the standards set by the best. • We must establish a sustainable financial and operational baseline in order to progress and develop. We must deliver our current plan before we can embark on new endeavours. • We need to demonstrate value for public money in all that we do. • We must make a positive financial contribution to the overall STP; we must demonstrate our ability to deliver within our means if we are to play a valuable and valued role in the system. • While there are underlying operational and financial problems, attention and energy will be inevitably focused on resolving these, meaning reduced scope to pursue innovation and develop excellence in the short term. • We can build on our private patient service and international opportunities to support our financial sustainability. • The full potential of Royal Papworth will be realised over the period of this strategy, as we adapt to our facilities and embed new ways of working. • Our Digital Exemplar Programme will open up opportunities to develop new ways of working that, harnessed with flexible and innovative working practices, can transform services for patients 	
What will we do?	How will we measure success?
Deliver the Financial Strategy by: <ul style="list-style-type: none"> • Delivering year on year service and cost improvement programmes • Using the new hospital capacity to its full potential and improving flow. • Grow private patient net income every year • Working with Commissioners and NHSI&E to secure appropriate levels of income for our work. <p>Optimisation of all hospital facilities incorporating:</p>	<p>Achieve the agreed savings targets each year, over the next five years.</p> <p>A minimum contribution of £0.5m from additional private patient work delivered by 2025.</p> <p>Reduce agency costs to minimal levels by 2021.</p> <p>GIRFT action plans delivered and changes embedded.</p> <p>Income aligned to costs of service delivery.</p> <p>Staffing levels reflective of patient acuity and dependency and benchmarked against specialist peers.</p>

<ul style="list-style-type: none"> • Improve access to pre-assessment and same day admissions • Review booking and admin processes • Maximise the utilisation of all of our clinical areas • Improved staff rostering, matching demand and capacity <p>Ongoing development of external supplier contract management processes.</p> <p>Robust and effective contract management of the PFI.</p> <p>Optimise the investments in digital infrastructure and systems.</p> <p>Minimise the risk of Cyber threat.</p> <p>Continue to build an integrated electronic patient record and seek to integrate with a regional electronic patient record by 2025.</p> <p>Exploiting benefits of being a Digital Exemplar.</p>	<p>Meeting utilisation targets in theatres, Catheter labs and wards, minimising cancellations, admitting suitable patients on the day as the norm.</p> <p>The new hospital capacity is fully open and operational by 2022.</p> <p>Timely access to treatment via one stop clinics and day cases.</p> <p>Ongoing value for money and continuous improvement from PFI contract.</p> <p>Achieve HIMSS Level 6 by 2022 and Level 7 achieved by 2023.</p> <p>Increase in digital systems risk surveillance and action planning.</p> <p>Maintain single version of software and increase patching in accordance with CareCert+ and national standards by 2021.</p> <p>Completed Digital Exemplar Programme by 2021.</p> <p>A fully integrated interoperable electronic patient record solution as part of our Cambridge and Peterborough STP by 2023.</p>
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What Does “Achieve Sustainability” Mean For You?
<p style="text-align: center;">Patients</p> <p style="text-align: center;">You will be seen in a timely manner for your outpatient appointment or operation Less time spent in hospital and better discharge home experience</p>
<p style="text-align: center;">Staff</p> <p style="text-align: center;">Working differently to ensure that our resources are used economically Opportunities to make changes and improvements to how you work for the benefit of our patients</p> <p style="text-align: center;">Systems/processes will be streamlined together with exploiting digital opportunities will give you more to time to care for patients</p>
<p style="text-align: center;">Partners</p> <p style="text-align: center;">Credible and secure organisation that is attractive to work with Being more open and receptive to partnerships</p>

7. Strategic Risks

We have identified the following key risks to the successful implementation of this strategy, which will be managed through the organisation’s corporate risk processes

Goal	Risk	How we will manage it
Deliver Clinical Excellence	Failure to prioritise projects/activities that drive the delivery of “excellence” due to competing demands either day to day or from other areas of what we do.	Rigorous and structured prioritisation of programmes of work by Executive. Regular review and reporting or progress via strategy monitoring processes.
Grow Pathways with Partners	Activity transfers from partner organisations may not positively contribute the Trust financial position then the deficit level will be increased.	Detailed understanding of transferring activity and support from system partners.
	Failure to secure partners engagement in changing services due to different priorities and competing demands.	Lobby at system level to agree focus of service changes. Ensure clinical and managerial leads fully engage in the wider STP and regional communities. Develop influencing skills of clinical and operational leads.
Research and Innovate	Failure to give R&D strategic direction and recognition then this may result in damaged reputation as a centre of excellence.	Develop and agree a clear Trust R&D Strategy regular report and monitoring of the implementation of the Strategy at senior management and Board level Medical Director and R+D Clinical Director represent the Trust's interests on the Cambridge Cardiorespiratory Research Strategy Group. MD or Director of R&D to sit on all consultant appointment committees.
Share and Educate	Failure to release staff to undertake educational activity due to workload constraints and capacity pressures.	Build in protected time for study. Training priorities identified for each professional group. Review ways of training provision to encourage 'shop floor' training/on line training Implement the leadership programme to support cultural change.

Goal	Risk	How we will manage it
Achieve Sustainability	<p>Insufficient income due to not meeting growth targets, change in case mix, demand and capacity plan. Inability to meet on-going CIP requirement causing I&E and cash pressure. Unexpected or unplanned for increase in cost base due to external factors e.g. changes to commissioner intentions or emerging new financial structures post COVID-19</p>	<p>Robust activity and delivery planning</p> <p>Regular reporting and review of position at Divisional, Executive and Board level.</p> <p>Detailed demand and capacity modelling work completed as part of the annual operational planning process</p> <p>Monthly review of capacity planning assumptions to ensure remain accurate.</p> <p>Negotiation of a guaranteed income contract with NHSE and CPCCG.</p> <p>Inflation reserve created and costs monitored closely. Procurement reviews to ensure best prices achieved.</p>
	<p>Potential for cyber breach and data loss which would compromise patient care.</p>	<p>Darktrace being used to monitor potential cyber security risks.</p> <p>Undertake a simulated Phishing exercises with the help of NHS Digital.</p> <p>Run "Keep I.T. Confidential" campaigns on a regular basis to maintain staff awareness.</p>
	<p>If we fail to optimise the new hospital then we will fail to utilise the full capacity and fail to deliver safe and effective services. Our ability to treat patients moving forward is particularly constrained by new infection control protocols (COVID-19) to protect staff and patients.</p>	<p>The Living with COVID Steering Group focus is on managing constraints, developing and implementing robust recovery plans, managing both COVID-19 related activity as well as business as usual activity.</p>
	<p>Inability meet RTT and cancer waiting targets could result in poor patient outcomes, poor patient experience, damage the Trust's reputation and reduce income.</p>	<p>Review of waiting times on a weekly basis.</p> <p>Systematic methodology for management of waiting lists and ensuring staff are fully trained and equipped for their roles.</p>

Goal	Risk	How we will manage it
<p>Offer Positive Staff Experience</p>	<p>If turnover does not reduce or we fail to attract and retain staff or meet the safe staffing levels this will undermine our ability to deliver safe and effective care and the key measures of success outlined in the strategy.</p>	<p>Implement the leadership programme to support cultural change.</p> <p>Monitor closely areas of low engagement and high turnover and develop actions plans to address issue identified.</p> <p>Invest in leadership and management development.</p> <p>Continue initiatives to recognise and value staff such as Annual Staff Awards.</p> <p>Support the continued development of the BAME Network.</p> <p>Improved career and personal development planning and support for staff.</p> <p>Comprehensive action plan to recruit and retain nursing staff.</p> <p>Regular communication with staff.</p> <p>Explore new ways to recruit staff ensuring that all possible opportunities to promote career opportunities within the Trust are maximised.</p>

Overall, our ability to deliver some elements of the plans set out in this Strategy has been impeded, quite rightly, in the first quarter of 2020/21 as we responded to the new requirements generated by the coronavirus (COVID-19) pandemic. It is anticipated that our ability to achieve our ambitions moving forward will continue to be at risk from any future increases in infection rates and the need to us to respond to provide the best care for patients.

Implementing our Strategy

To ensure that our strategy is at the forefront of our core business as a Trust there are a number of changes that we will make including:

- All of our Board and management meeting agendas will be structured around the six Strategic Goals;
- All future investments cases must demonstrate a strategic link and alignment to the six Strategic Goals;
- Team and individual objectives will to be structured around the six Strategic Goals; and
- The six Strategic Goals will form part of the recruitment and on-boarding process for all new Royal Papworth staff

Clinical Strategies for each of our three divisions have been developed which directly support the overall strategic direction of travel. These Clinical Strategies set out year by year the more detailed plan for each division for the next five years.

More detailed enabling strategies have also been developed; each one plays its own part in the implementation of the overall strategy. These plans are the responsibility and accountability of the Executive Directors

The headline areas that are addressed in each of these enabling strategies are as follows.

Enabling strategy	Headline objectives
People Strategy <i>(new)</i>	<ul style="list-style-type: none"> • Recruitment and retention of a highly skilled and value workforce. • Build a culture of collective and compassionate leadership, putting staff wellbeing at our core.
Finance Strategy 2019 -2029 (review planned autumn 2020)	<ul style="list-style-type: none"> • Financial sustainability achieved by delivering year on year service and cost improvement programmes and using the new hospital capacity to its full potential. • Growing private patient net income every year. • Working with Commissioners and NHSI&E to secure appropriate levels of income for our work.
Digital Strategy 2018 – 2020 (approval planned October 2020)	<ul style="list-style-type: none"> • Exploit the full potential of our EPR systems existing and new functionality to maximise efficiency and safety. • Improve patients access to technology to support their care and ensure that information is only provided once by patients and used by all appropriate teams and clinical staff. • Commitment to enabling a security conscious culture ensuring our staff and systems help manage the global risk of cyber-crime and fraud.
Quality Strategy 2019 - 2022	<ul style="list-style-type: none"> • Provide a safe system of care thereby reduce avoidable harm. • Achieve excellent patient outcomes and enable a culture of

	<p>continuous improvement.</p> <ul style="list-style-type: none"> • Further build on our reputation for putting patient care at the heart of everything we do.
Education Strategy 2019 - 2022	<ul style="list-style-type: none"> • Establish our Trust as a nationally and internationally recognised centre of excellence in the provision of high quality cardiothoracic healthcare education and training. • Deliver education and training which directly benefits quality and safety. • Support and develop leadership capability and capacity. • Promote and support the personal and career development aspirations of our staff. • Support improvements to staff recruitment and retention.
Research & Development Strategy (<i>new</i>)	<ul style="list-style-type: none"> • Develop meaningful partnerships with the University for NHS clinician researchers. • Commercialise clinical innovation. • Further develop our emphasis on late translational research.
Estates Strategy 2020 – 2025 (approval planned October 2020)	<ul style="list-style-type: none"> • Create the HLRI facility in conjunction with Cambridge University. • Maximise the utilisation of all hospital facilities. • Divest the former hospital site. • Consolidate and develop ancillary and staff residential accommodation • Build capacity to support innovative and collaborative working
Sustainable Development Management Plan (new)	<ul style="list-style-type: none"> • Encourage the use of public transport and alternative means of travel for staff and patients. • Working with our PFI partners to ensure energy efficient facilities which minimise our carbon footprint.

8. Conclusion

This strategy embodies what we are striving to deliver for our patients and staff over the next five years and build on our core vision of *bringing tomorrow's treatments to today's patients*.

We are **proud of our response to the COVID-19 pandemic and what we have achieved in the five years leading up to 2020. We are confident that by** pursuing the strategic goals set out here, we will continue to provide high quality cutting edge services to our patients but working more closely with local and national partners.